

SPECIMEN FOR DETERMINATION

Insect []
Nematode []
Plant ID []
Disease []

Fee Paid _____

OWNER/CONSIGNEE: _____

TELEPHONE: _____

MAILING ADDRESS: _____

SAMPLE: (A): _____

CITY, STATE, ZIP: _____

SAMPLE (B): _____

PLEASE CHECK WHICH APPLY:

Residential _____ Landscape Maintenance _____ County/City Park Location _____
Nursery _____ Commercial Grower _____ Native Plant _____ Quarantine Origin _____

DIAGNOSIS IS BASED ON THE INFORMATION AND SAMPLE PROVIDED

ENTOMOLOGY (INSECT): Alive _____ Dead _____ Location Found _____

PLANT PATHOLOGY (DISEASE):

GROWN IN: Sun _____ Shade _____ Partial _____ Greenhouse _____ Shade house _____ Hoop house _____
WATERED: Daily _____ Weekly _____ Monthly _____ Only when it rains _____ Other _____
IRRIGATION: Drip _____ Hand-watered _____ Spray _____ Other _____ For how long? _____
AMOUNT OF SLOPE: Level _____ Gentle _____ Moderate _____ Steep _____ Container _____
SOIL TEXTURE: Sand _____ Loam _____ Clay _____ Decomposed Granite _____ Commercial soil mix _____
SOIL DRAINAGE: Well drained _____ Moderately drained _____ Poorly drained _____ Standing water _____ Hardpan _____
AREA OF COUNTY: Coastal _____ Foothills _____ Mountains _____ Desert _____
CHEMICAL EXPOSURE: Type _____ Last Applied _____ Rate of Application _____

DESCRIBE PROBLEM:

===== * OFFICE AND LABORATORY USE ONLY * =====

COUNTY ID#: _____ DATE: _____ RECEIVED BY: _____
INSPECTOR: _____ COPY: _____ LAB NUMBER: _____

DIAGNOSIS:

DETERMINED BY: _____

DATE: _____